



## Speech and Hearing BC

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### **Letter of Advocacy Regarding Speech and Language Services in BC Schools: Request and Rationale for a Re-examination of Services**

Speech and Hearing BC is the association of Speech-Language Pathologists (S-LPs) and Audiologists in British Columbia. The association is comprised of more than 1200 members across the province. The association is recommending school districts urgently re-examination Speech-Language Services in BC schools.

**Speech and Hearing BC is asking British Columbians, the BC government and school districts to urgently support students across BC by:**

- 1. Helping make speech and language services equitable among BC schools**
- 2. Ensuring all districts in BC offer sufficient speech and language services**

The rationale for this request is based on:

- All students, across all BC school districts, deserving equitable access to services.
- Significant negative consequences of untimely/late diagnosis and of untreated/under-treated speech and language disorders.
- Increasing prevalence estimates of speech and language impairments and complex conditions.

#### **All Students in BC deserve equitable services across BC school districts:**

Currently there are not enough S-LPs employed in Canadian schools to meet the needs of the many students who require and deserve their services (e.g. Archibald, 2017; Cirrin et al., 2010; Ukrainetz, 2006). Furthermore, a survey conducted in December 2019-January 2020 indicated that across BC school districts, there is an extremely large discrepancy between the ratio of S-LPs and student populations.

As seen in Appendix A, ratios range from 1.0 FTE to 943 students to 1.0 FTE to 2857 students. This is equivalent to some Kindergarten students in our province being in a classroom of 20 students to one teacher and others being in classrooms of 60 students to one teacher.

#### **Significant and negative consequences of untimely/late diagnosis and untreated/ under-treated speech and language disorders:**

Equal access to adequate service is paramount for the health and well-being of children, and adequate speech-language skills are a cornerstone for successful outcomes later in life. Significant and negative consequences of untreated or under-treated speech and language disorders include, but are not limited to: academic failure, reading difficulties, mental health problems and behavioural challenges (e.g. Prelock, Hutchins & Glascoe, 2008; Beitchman & Brownlie, 2010).

Children with language impairments have **poorer academic performance** and a **higher likelihood of having a learning disability** than children in the general population (e.g. Beitchman & Brownlie, 2010; Conti-Ramsden,

Durkin, Simkin & Knox, 2009). Foundational speech and language skills are fundamental to literacy skill development (e.g. Clegg & Ginsborg, 2006):

- 40%-75% of preschoolers with early speech-language disorders develop reading problems in school (Scarborough & Fowler, 1993).
- Children with diagnosed reading disabilities often have poorer language skills than children without reading disabilities (Scarborough & Fowler, 1993).
- Teachers report needing support from an S-LP to address the needs of their students (Glover, McCormack & Smith-Tamaray, 2015).

Speech and language impairments **negatively impact mental health**. For example, increased rates of anxiety disorders have been reported in children with speech and language disorders (e.g. Beitchman & Brownlie, 2010; Wadman, Botting, Durkin & Conti-Ramsden, 2011). Approximately 81% of children who are accessing help for an emotional-behavioural disorder have been shown to have below-average language proficiency (Hobson & Bird, 2019).

Girls with language impairments have been found to be 3 times more likely to have experienced sexual abuse in childhood or adolescence than girls without a language impairment and also become pregnant at a younger age (Beitchman & Brownlie, 2010). Teenagers with language disorders are two and half times more likely to report symptoms of depression than their typically developing peers (Conti-Ramsden & Botting, 2008).

Children with language impairments are **more likely to have behavioural problems** than children with typically-developing language (e.g. Benner, Nelson, Epstein, 2002; Durkin & Conti-Ramsden, 2010; St. Clair, Pickles, Durkin & Conti-Ramsden, 2011). Approximately two-thirds of children (64%) with persisting language disorder exhibit some externalizing behaviours (e.g. conduct problems, aggression) and/or internalizing difficulties (e.g. social withdrawal) (Conti-Ramsden & Botting, 2004).

Recent research also found that 47% of 93 young offenders demonstrated significantly lower language skills than expected for their age and the majority of those individuals had not received support from an S-LP (Hobson & Bird, 2019). Without adequate funding, many cases go undetected which is detrimental for many vulnerable populations.

### **Increasing prevalence estimates of speech and language impairments and complex conditions:**

Speech and language impairments affect between 3 and 16 percent of children, depending on the age and type of impairment (Rosenbaum & Simon, 2016). As outlined by RADLD, an international campaign for Raising Awareness of Developmental Language Disorder, data indicate that **about 2 students in every classroom will experience a language disorder**.

Additionally, research suggests that the need for speech-language services is significantly increasing. More children are being diagnosed with speech and language impairments and other conditions such as Autism that require S-LP support (e.g. Rosenbaum & Simon, 2016).

Identification and treatment of speech and language disorders are often complex due to the possibility of other diagnostic conditions and co-occurrence of multiple disorders. For instance, children with attention-deficit/hyperactivity disorder may also have an underlying language disorder as symptoms that can be similar (e.g. Prelock, Hutchins & Glascoe, 2008) and 50% of preschoolers accessing psychiatric services have been found to have undiagnosed language impairments (Prelock, Hutchins & Glascoe, 2008). Close links also exist between developmental language disorder and dyslexia (Bishop and Snowling, 2004).

**Summary:**

In conclusion, the current funding for educational speech-language pathology services in BC is not sufficient to equitably meet the needs of all students. It is the position of Speech and Hearing BC that ALL students deserve access to timely, comprehensive and evidence-based speech-language pathology services in BC schools. Severe speech and language disorders are debilitating at any stage across the life span. However, the impact of these difficulties on students in the early grades is particularly serious due to the widespread negative effects on overall development and impact on our society.

For these outlined reasons, the association is asking British Columbians, the BC government and school districts to urgently re-examination speech-language services in BC schools. Speech and Hearing BC is asking British Columbians, the BC government and school districts to urgently revisit how students are supported within their district. Communication is a basic human right and every child should have equitable and early access to speech and language therapy.

Our education system has the power to change the trajectory of many children's lives and together we can make a difference. Thank you for your time and consideration.

Sincerely,

A handwritten signature in blue ink that reads "Staci Cooper RSLP". The signature is written in a cursive style with a long horizontal line extending to the right.

Staci Cooper, RSLP  
President

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## Appendix A

YEAR	POPULATION	SLP FTE	SLP/POP E19RATIO	SLPA FTE	GEOGRAPHIC CONSTRAINTS
2020	1131	1.2	943	3	1, 2, 3
2020	1024	1	1024	0	1
2019	2093	2	1047	0.5	1, 3
2020	6275	5.6	1121	5	2, 4
2020	5000	4.3	1163	30 hours	1, 2, 4
2020	3500	3	1167	0.75	1, 2, 3
2020	20000	15.2	1316	1	1
2020	1700	1.25	1360	0	2
2019	3191	2.3	1387	0	2
2019	6100	4.3	1419	0	1
2019	14500	9.7	1495	0.8	1, 3
2019	4600	3	1533	3	3, 4
2019	3200	2	1600	1	1, 2
2020	8500	5.2	1635	0	1, 2, 3
2019	11300	6.8	1662	0	1, 2
2019	5500	3.3	1667	0	2
2020	21,000	12.2	1721	1	1
2020	7000	4	1750	0	1
2019	8000	4.4	1818	1	1
2020	1457	0.8	1821	1	1, 3
2019	13000	7	1857	3.7	2
2019	16600	8.4	1976	0	1
2019	20000	10	2000	0	1
2020	23400	11	2127	0	1
2020	5000	2.3	2174	0	2
2019	14500	6.6	2197	1	1, 2
2019	2200	1	2200	2.5	1
2019	15000	6.8	2206	0	1
2019	14000	6.2	2258	4	1
2019	4,600	2	2300	2	1, 2
2019	32000	13.6	2353	0	1
2019	50,000	21.1	2370	0	1
2020	19292	8.1	2382	0	1
2019	73948	31	2385	0	1
2020	24000	10	2400	0	1
2019	2800	1	2800	1	1,3
2020	16000	5.6	2857	0	1

## **Appendix B: Background Information**

### **About School-Based Speech-Language Services in BC:**

Speech-Language Pathologists (S-LPs) provide individualized services to students of all ages who have speech, language, social communication, literacy, cognitive and swallowing impairments (Archibald, 2017; Ebbels, McCartney, Slonims, Dockrell, & Norbury, 2018; Powell, 2018; Meaux & Norris, 2018; Walker, 2018).

S-LPs are key members of school-based teams, supporting students of all ages with speech, language and communication challenges to help them achieve their personal and educational potential. Depending on the needs within a school, S-LPs may offer classroom/teacher-based consultations, give whole class or smaller group instruction and work individual with students. S-LPs play a vital role, not only in working directly with students, but also in working collaboratively with teachers to help ensure ALL students have full access to the BC curriculum. S-LPs also support parents in helping them understand their child's speech and language needs and providing them with strategies and programming to help support their own children at home.

Furthermore, S-LPs are increasingly working in BC schools that follow a Response to Intervention (RTI) framework. A reduced and more equitable ratio-based funding model would greatly impact the quality of instruction and support for ALL students in schools. RTI (also known as response to instruction) is a three-tiered approach to educating students that aims to improve overall student performance and identify students who require additional classroom support. Tier 1 involves high-quality, evidence-based instruction provided in the general classroom. Tier 2 incorporates targeted intervention for students who require additional support beyond general classroom instruction. Tier 3 consists of intensive, individualized intervention provided by highly trained service providers to students in need of specialized support (Heinemann, Bolanos & Griffin, 2017; Ebbels, McCartney, Slonims, Dockrell & Norbury, 2018). S-LPs are often challenged with balancing contributions in Tiers 1 and 2 with their responsibility to students in Tier 3 (Ukrainetz, 2006; Ehren & Staskowski, 2011; Ebbels et al., 2018; Swaminathan & Farquharson, 2018) and a ratio-based funding model will significantly help in provision of tiered services to all students and school teams. (SAC Position Statement, 2020).